

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORK

Hernandez Victor

(In the space above enter the full name(s) of the plaintiff(s).)

-against-

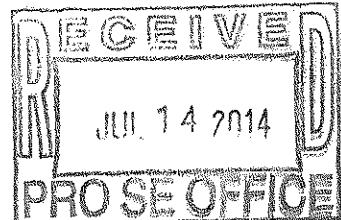
N.Y.C. Department of Corrections  
Officer Aurelior  
Officer Selassie  
Officer Velez

**COMPLAINT**

under the

Civil Rights Act, 42 U.S.C. § 1983  
(Prisoner Complaint)

Jury Trial:  Yes  No  
(check one)



(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part I. Addresses should not be included here.)

**I. Parties in this complaint:**

A. List your name, identification number, and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff

Name Victor Hernandez  
ID # 349 1400129  
Current Institution G.R.V.C.  
Address 09-09 Hazen St.  
East Elmhurst, NY 11370

B. List all defendants' names, positions, places of employment, and the address where each defendant may be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

Defendant No. 1

Name New York City Dept of Correction Shield #    
Where Currently Employed Rivers Island Correction Center  
Address 09-09 Hazen Street  
East Elmhurst, NY 11370

Defendant No. 2

Name Correction Officer Ayerier Shield # \_\_\_\_\_  
 Where Currently Employed 09-09 Hazen Street Rikers Island  
 Address East Elmhurst, NY 11370

Defendant No. 3

Name Correction Officer Selassie Shield # \_\_\_\_\_  
 Where Currently Employed Rikers Island  
 Address 09-09 Hazen Street  
East Elmhurst, NY 11370

Defendant No. 4

Name Jane Doe Shield # \_\_\_\_\_  
 Where Currently Employed Rikers Island, New York  
 Address 09-09 Hazen Street  
East Elmhurst, NY 11370

Defendant No. 5

Name Correction Officer Perez Shield # \_\_\_\_\_  
 Where Currently Employed Rikers Island  
 Address 09-09 Hazen Street  
East Elmhurst, NY 11370

## II. Statement of Claim:

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

A. In what institution did the events giving rise to your claim(s) occur?

George R. Vierno Center (G.R.V.C.)

B. Where in the institution did the events giving rise to your claim(s) occur?

Housing area 11A, outside and in front  
of 5 cell.

C. What date and approximate time did the events giving rise to your claim(s) occur?

May 2013 at approximately 11:00 AM.

D. Facts: On May, 2013 I was dragged literally by my hands and feet for not complying with the decision to go to an empty cell full of Sewage germs, Tuberculosis, and hepatitis.

What happened to you?

When they took me to the other side 11A they took me into the new contaminated cell. I refused to go in and there was a use of force to throw me in a filthy contaminated cell. I kept on not wanting to go in because I have a chronic illness and did not want to be in an unhealthy cell that could make my H.I.V. sickness worst. If anyone saw anything that day I was unaware.

Was anyone else involved?

Unfortunately they left me in that contaminated cell for a little more than a week. I am seeking supplementary help for cruel and unusual punishment.

Who else saw what happened?

### III. Injuries:

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received.

Contusion/ Sprained Arm which left leg with pain for a month and a half

### IV. Exhaustion of Administrative Remedies:

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted." Administrative remedies are also known as grievance procedures.

A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

Yes  No

If YES, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).

*Rivers Island (G.R.P.C.)*

B. Does the jail, prison or other correctional facility where your claim(s) arose have a grievance procedure?

Yes  No \_\_\_\_\_ Do Not Know \_\_\_\_\_

C. Does the grievance procedure at the jail, prison or other correctional facility where your claim(s) arose cover some or all of your claim(s)?

Yes \_\_\_\_\_ No  Do Not Know \_\_\_\_\_

If YES, which claim(s)? \_\_\_\_\_

D. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose?

Yes  No \_\_\_\_\_

If NO, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

Yes \_\_\_\_\_ No \_\_\_\_\_

E. If you did file a grievance, about the events described in this complaint, where did you file the grievance?

*Yes dropped it off in grievance box*

1. Which claim(s) in this complaint did you grievé? *Unsanitary cell*

*Conditions in housing unit 11A Cell #8*

2. What was the result, if any? *They did nothing until I called NYC B 311 # and they finally moved me after a month.*

3. What steps, if any, did you take to appeal that decision? Describe all efforts to appeal to the highest level of the grievance process. *wrote them and they*

*Never responded, like the usual*

F. If you did not file a grievance:

1. If there are any reasons why you did not file a grievance, state them here: \_\_\_\_\_

\_\_\_\_\_

2. If you did not file a grievance but informed any officials of your claim, state who you informed,

when and how, and their response, if any: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.

V. Relief:

State what you want the Court to do for you (including the amount of monetary compensation, if any, that you are seeking and the basis for such amount).

*I would like Department of Corrections for the City of New York to Stop putting inmates in housing unit 11A and 11B which is contaminated with dirty sewage water that overflows underneath the bed and rises, Soaking everything like Sneakers and Sandals and feet.  
I also want to be reimbursed for danger to my health risk for every day I was confined in a contaminated Disease cell for \$5,000 a day. For a total of 21 Days or a little more depending on cell dates because my health was put at risk since I have H.I.V. I should have been placed by law in a clean cell, There is no excuse for leaving me in a contaminated cell for almost a Month in total.*

VI. Previous lawsuits:

A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

Yes \_\_\_\_\_ No

On these claims

B. If your answer to A is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another sheet of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff \_\_\_\_\_

Defendants \_\_\_\_\_

2. Court (if federal court, name the district; if state court, name the county) \_\_\_\_\_

3. Docket or Index number \_\_\_\_\_

4. Name of Judge assigned to your case \_\_\_\_\_

5. Approximate date of filing lawsuit \_\_\_\_\_

6. Is the case still pending? Yes \_\_\_\_\_ No \_\_\_\_\_

If NO, give the approximate date of disposition \_\_\_\_\_

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) \_\_\_\_\_  
\_\_\_\_\_

On  
other  
claims

C. Have you filed other lawsuits in state or federal court otherwise relating to your imprisonment?

Yes \_\_\_\_\_ No

D. If your answer to C is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff \_\_\_\_\_

Defendants \_\_\_\_\_

2. Court (if federal court, name the district; if state court, name the county) \_\_\_\_\_

3. Docket or Index number \_\_\_\_\_

4. Name of Judge assigned to your case \_\_\_\_\_

5. Approximate date of filing lawsuit \_\_\_\_\_

6. Is the case still pending? Yes \_\_\_\_\_ No \_\_\_\_\_

If NO, give the approximate date of disposition \_\_\_\_\_

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) \_\_\_\_\_  
\_\_\_\_\_

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 1 day of July, 2014

Signature of Plaintiff

Inmate Number

Institution Address

Victor Hernandez  
349-14-00129  
I.R.V.C.  
09-09 Hazen Street  
East Elmhurst N.Y 11370

Note: All plaintiffs named in the caption of the complaint must date and sign the complaint and provide their inmate numbers and addresses.

I declare under penalty of perjury that on this 1 day of July, 2014 I am delivering this complaint to prison authorities to be mailed to the *Pro Se Office* of the United States District Court for the Southern District of New York.

Signature of Plaintiff:

Victor Hernandez